| 4   | ,  |   |              |              |                                |                  |           | )                            |                        |     |            |                        |  |  |
|---|--|---|--------------|--------------|--------------------------------|------------------|-----------|------------------------------|------------------------|-----|------------|------------------------|--|--|
| <b>实现</b> 。   |  |   |              |              |                                |                  |           | Application or Docket Number |                        |     |            |                        |  |  |
|   | PATENT APPLICATION FEE DETERMINATION RECOR     |   |              |              |                                |                  |           |                              | 100/6963-1             |     |            |                        |  |  |
|   | Effective October 1, 2001                      |   |              |              |                                |                  |           |                              |                        |     |            |                        |  |  |
|   |  |   |              |              |                                |                  |           |                              |                        |     |            | THAN                   |  |  |
|   |  |   | (Column      | 1)           | (Column 2)                     |                  |           |                              |                        | OR  | SMALLE     |                        |  |  |
| TO  | TAL CLAIMS                                     |   | 58           |              |                                |                  | RA        | $\equiv$                     | FEE                    | ·   | RATE       | FEE                    |  |  |
| FOI   | R  |   | NUMBER FILED |              | NUMBER EXTRA                   |                  | BASIC FEE |                              | 370.00                 | OR  | ASIC FEE   | 740.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 28 minus 20= |              | · 3                            |                  | X\$       | X\$ 9=                       |                        | ОЯ  | X\$18=     | 144                    |  |  |
| IND   | EPENDENT CL                                    | AIMS                                      | 4 minus 3 =  |              | • 1                            |                  | X42=      |                              |                        | OR  | X84=       | 84                     |  |  |
| MU  | TIPLE DEPEN                                    | DENT CLAIM PI                             | RESENT       |              |                                |                  |           | Ġ.                           |                        | OR  | +280=      |                        |  |  |
| off the difference in column 1 is less than zero, enter "O" in column 2 |  |   |              |              |                                |                  |           | TOTAL                        |                        | OR  | TOTAL      | 468                    |  |  |
|   |  | 10  |              | <u> </u>     | <u>G</u>                       | 1                |           |                              |                        |     |            |                        |  |  |
| 7-2 F SLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)      |  |   |              |              |                                |                  | SM        | ALL I                        | ENTITY                 | OR  | SMALL      |                        |  |  |
|   |  | CLAIMS                                    |              | HIGH         | EST                            |                  | RATE      |                              | ADDI-<br>TIONAL<br>FEE |     | RATE       | ADDI-                  |  |  |
| AMENDMENT A   |  | REMAINING<br>AFTER                        |              | PREVI        | OUSLY                          | PRESENT<br>EXTRA |           | TE                           |                        |     |            | TIONAL                 |  |  |
|   | Total  | - 27                                      | Minus        | PAID         | 8                              |                  | XS        | 9=                           | 7.55                   | OR  | X\$18=     |                        |  |  |
|   | Independent                                    | • 4                                       | Minus        | 220 A        | 4                              | •                | Х4        | 2=                           |                        | OR  | X84=       |                        |  |  |
| <   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |              |                                |                  |           |                              |                        |     | +280=      |                        |  |  |
|   |  |   |              |              |                                |                  |           | 10=<br>====                  |                        | OR  | 101AL      |                        |  |  |
| 2   | 1 2115   |   |              |              |                                |                  | ADDIT     | OTAL<br>FEE                  |                        | OR  | ADDIT. FEE |                        |  |  |
| 2 9 () (Column 1) (Column 2) (Column 3)                                 |  |   |              |              |                                |                  |           |                              |                        |     |            |                        |  |  |
| MTB   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUA<br>PREVI | HEST<br>HBER<br>HOUSLY<br>FOR  | PRESENT<br>EXTRA | RA        | TE                           | ADDI-<br>TIONAL<br>FEE |     | RATE       | ADDI-<br>TIONAL<br>FEE |  |  |
| AMENDMENT B   | Total  | • 27                                      | Minus        |              | 8                              | - /              | XS        | 9=                           |                        | OR  | X\$18=     |                        |  |  |
| 1   | Independent                                    | • 4                                       | Minus        | ***          | 4                              | • /              | X         | 2-                           |                        | loa | X84=       | . /                    |  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |              |                                |                  |           |                              | /                      |     | +280=      | /                      |  |  |
|   |  |   |              |              |                                |                  |           | 10=<br>OTAL                  |                        | OR  | L          | /                      |  |  |
| i   |  |   |              |              |                                |                  |           |                              |                        | OR  | ADDIT. FEE |                        |  |  |
| (Cotumn 1) (Cotumn 2) (Cotumn 3)  |  |   |              |              |                                |                  |           |                              |                        |     |            |                        |  |  |
| MC  | Tetal  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUI<br>PREV  | HEST<br>MBER<br>NOUSLY<br>OFOR | PRESENT<br>EXTRA | R/        | ΛE                           | ADDI-<br>TIONAL<br>FEE |     | RATE       | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total  | ARENDMENT                                 | Micros       |              |                                |                  |           | _                            |                        | 1   | ¥218-      | 1                      |  |  |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

-

Independent

X42=

+140=

**XB4**-

+280=

OR ADDIT. FEE

OR

OR

<sup>&</sup>quot;If the entry in column 1 to less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE OF ADDIT. FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.